



State of Tennessee  
**DEPARTMENT OF FINANCIAL INSTITUTIONS**  
**COMPLIANCE DIVISION**

**414 Union Street, Suite 1000, Nashville TN, 37219**

Telephone (615) 741-2236 ■ FAX (615) 532-1018 ■ <http://tennessee.gov/tdfi>

**MEMORANDUM**

**TO: Check Cashers Licensee**  
**FROM: Stephen Henley, Director**  
**Compliance Division**

**SUBJECT: Renewal Application and Annual Report**  
**Required by Tennessee Code Annotated § 45-18-109**

Enclosed, please find your Application for Renewal of Check Cashers License and Annual Report Form, including instructions. Tennessee Code Annotated § 45-18-109 requires that both forms be completed and returned to this Department on or before **Monday September 1, 2008**. According to T.C.A. 45-18-109(d), each licensee who fails to remit the renewal fee and annual renewal application by September 1, will incur a **late fee of fifty dollars (\$50) per day** until these requirements are met.

Please review the business name and address shown on the application and, if applicable, note any changes in the space provided. Business locations are presented on a separate page of the application. Please note any corrections to this information. **Please note: Any outstanding examination fees are noted beside the location, as well, and before the Department can act upon your renewal application, any fees due must be paid along with the renewal fee.** Also, respond to the questions and, if applicable, provide details on a separate sheet. Please sign the application and have it notarized. The renewal application must include a renewal fee of \$500 for **each** location. In addition, the licensee must maintain a minimum net worth of \$25,000 per business location.

Also, complete the Annual Report Form that includes a balance sheet, income statement and other statistical information. This report is designed to cover the business activities conducted under the Check Cashers Act for the period **January 1, 2007 to December 31, 2007**. Please follow the accompanying instructions. You may wish to confer with a certified public accountant (C.P.A.) or public accountant. Please sign the Annual Report and have it notarized.

Mail the application, annual report and renewal fee to the Tennessee Department of Financial Institutions, attention Stephen Henley. If you have any questions regarding the foregoing, please contact our office at (615) 741-3186.



**STATE OF TENNESSEE**  
**Department of Financial Institutions**  
**Compliance Division**  
**414 Union Street – Suite 1000**  
**Nashville, Tennessee 37219**  
**(615)741-3186**

**APPLICATION FOR RENEWAL OF**  
**CHECK CASHING SERVICES LICENSE**  
**DEADLINE September 1, 2008**

Application is hereby made to renew the license(s) granted pursuant to Chapter 309, Public Acts of 1997, to transact business as a Check Cashing Services Business:

1. Mailing Address and Telephone Number(s) of Home Office:  
Person responsible for matters relating to this renewal application

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Name and Title

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Company

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License Number

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Street

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City, State, Zip Code

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Telephone Number

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Fax Number

**NOTE CHANGES BELOW**

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Name and Title

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Company

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Street

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City, State, Zip Code

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Telephone Number

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Fax Number

Please answer all questions on this page. If necessary, provide details on a separate sheet. The licensee must also file the annual report with this application by **September 1, 2008**.

2. Provide a current list including the name, social security number, residence and business address, residence and business phone numbers and title of each owner, partner, L.L.C. member, director, corporate officer, five percent (5%) or more shareholder of the licensee. **(Please Attach)**
3. Has the licensee's business structure or ownership changed during the past year?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, detail the changes on a separate sheet.
4. Has the licensee filed for bankruptcy or reorganization within the last year?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, provide details on a separate sheet.
5. Has the licensee or any partner, L.L.C. member, director, corporate officer, five percent (5%) or more shareholder been associated with a business whose authority to transact business was denied, revoked or suspended by a state or federal regulatory or law enforcement entity during the past year?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please detail on a separate sheet.
6. Has the licensee ever been subject to any federal or state administrative investigation or order, or is any federal or state administrative investigation or order pending?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please detail on a separate sheet.
7. Has the licensee, or any partner, L.L.C. member, director, corporate officer, five percent (5%) or more shareholders been indicted or convicted of a felony in Tennessee or elsewhere?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please provide details on a separate sheet.
8. Is the licensee currently licensed and/or operating as a deferred presentment services business in another state?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please identify the state(s) on a separate sheet.
9. Does the licensee have any contingent liabilities as endorser, guarantor or otherwise?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please provide details on a separate sheet. Include all pending litigation and note any potential settlement amounts that could significantly affect the licensee's financial position.
10. By providing your email address, the Department can send you information quicker and more efficiently.

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E-mail address

# Location Listing

## Current Information:

Please, note any change below

License Number: \_\_\_\_\_

Attn: \_\_\_\_\_

DBA. Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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License Number: \_\_\_\_\_

Attn: \_\_\_\_\_

DBA. Name \_\_\_\_\_

Address: \_\_\_\_\_

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License Number: \_\_\_\_\_

Attn: \_\_\_\_\_

DBA. Name \_\_\_\_\_

Address: \_\_\_\_\_

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License Number: \_\_\_\_\_

Attn: \_\_\_\_\_

DBA. Name \_\_\_\_\_

Address: \_\_\_\_\_

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License Number: \_\_\_\_\_

Attn: \_\_\_\_\_

DBA. Name \_\_\_\_\_

Address: \_\_\_\_\_

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License Number: \_\_\_\_\_

Attn: \_\_\_\_\_

DBA. Name \_\_\_\_\_

Address: \_\_\_\_\_

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License Number: \_\_\_\_\_

Attn: \_\_\_\_\_

DBA. Name \_\_\_\_\_

Address: \_\_\_\_\_

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**AFFIDAVIT**

**STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

I, \_\_\_\_\_, the undersigned being the \_\_\_\_\_

of the \_\_\_\_\_, licensee swear (or affirm), that to the best of my knowledge and belief the statements contained in this report, including the accompanying schedules and statements (if any) are true and that the same is a true and complete statement in accordance with the law.

\_\_\_\_\_  
Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My commission expires

**NOTARY SEAL**

**THIS RENEWAL APPLICATION MUST BE ACCOMPANIED BY A RENEWAL FEE OF \$500 FOR EACH LICENSE. MAKE THE CHECK PAYABLE TO THE TENNESSEE DEPARTMENT OF FINANCIAL INSTITUTIONS. EACH BUSINESS LOCATION IS PRESENTED ON THE FOLLOWING PAGE(S). PLEASE REVIEW THE INFORMATION AND, IF APPLICABLE, MAKE ANY CORRECTIONS IN THE SPACE PROVIDED**

ANNUAL REPORT  
CALENDAR YEAR ENDING DECEMBER 31, 2007  
  
LICENSEES ENGAGED IN THE BUSINESS OF  
**CHECK CASHING**  
IN THE STATE OF TENNESSEE  
**DEADLINE September 1, 2008**

**READ THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS REPORT**

This form must be completed for each licensed office, unless a company or affiliate operates more than one licensed office in this state, in which case this report should be filed on a composite basis.

**REPORTING ENTITY**

1. Name of Licensee \_\_\_\_\_
2. Licensee Number: \_\_\_\_\_
3. Provide the address and telephone number of all places of business operated by the licensee and describe the nature of the business conducted at each location. ***Please attach***
4. Business Type:
  - a) \_\_\_\_ Proprietorship
  - b) \_\_\_\_ Partnership
  - c) \_\_\_\_ Limited Partnership
  - d) \_\_\_\_ Limited Liability Company
  - e) \_\_\_\_ Corporation
  - f) Other: \_\_\_\_\_
5. **Method of Accounting:** \_\_\_\_ Accrual; \_\_\_\_ Tax-Basis; \_\_\_\_ Cash-Basis; \_\_\_\_ Other

**Schedule A**  
**Income Statement**  
**For the Period of January 1, 2007 to December 31, 2007**

<b><u>INCOME</u></b>	<b><u>CC Business</u></b>	<b><u>Other Business</u></b>	<b><u>Combined</u></b>
1. Check Cashing Fees Collected and /or Earned	_____		_____
2. Other Business Income		_____	_____
3. Total Income			_____
 <b><u>EXPENSES</u></b> <i>(Allocate by Percentage of Income)</i>			
4. Advertisement	_____	_____	_____
5. Audit/Examination	_____	_____	_____
6. Bad Debts <i>(Accrual Method Only)</i>	_____	_____	_____
7. Charged-offs <i>(Other than Accrual Method)</i>	_____	_____	_____
8. Depreciation and Amortization	_____	_____	_____
9. Insurance and Fidelity Bonds	_____	_____	_____
10. Legal Fees and Disbursements	_____	_____	_____
11. Office Supplies	_____	_____	_____
12. Rent, Maintenance Services and Utilities	_____	_____	_____
13. Total Compensation of Officers and/or Owners	_____	_____	_____
14. Salaries or wages of all Employees	_____	_____	_____
15. Tax Other than on Income	_____	_____	_____
16. License Fees	_____	_____	_____
17. Telephone/Fax/Internet	_____	_____	_____
18. Travel & Meals	_____	_____	_____
19. Miscellaneous	_____	_____	_____
20. Interest Paid on Borrowed Funds	_____	_____	_____
21. Total Expenses			
(Total Items 4 through 20)	_____	_____	_____
22. Income before Tax			
(Item 3 less Item 21)	_____	_____	_____
23. Tax			
(a) State	_____	_____	_____
(b) Federal	_____	_____	_____
24. Total Expenses including tax			
(Item 21 plus Item 23)	_____	_____	_____
25. Net Income (Item 3 less Item 24)	_____	_____	_____

**Schedule B**  
**Balance Sheet**  
**For Calendar Year Ending December 31, 2007**

**ASSETS**

1.	Cash and Cash Equivalents	_____
2.	Securities	_____
3.	Accounts Receivable	_____
4.	Note Receivable	_____
5.	Cash Surrender Value Life Insurance on Officers, Stockholders, Owners	_____
6.	Prepaid Expenses	_____
7.	TOTAL CURRENT ASSETS	_____
8.	Furniture, Fixtures & Equipment (a) Less accumulated depreciation	_____
9.	Buildings (a) Less accumulated depreciation	_____
10.	Land	_____
11.	Leasehold Improvements (a) Less accumulated depreciation	_____
12.	TOTAL FIXED ASSETS	_____
13.	Other Assets	_____
14.	Investment in other Business	_____
15.	TOTAL ASSETS	=====

**LIABILITIES**

16.	Accounts Payable	_____
17.	Payroll Payable	_____
18.	Rent Payable	_____
19.	Tax Payable	_____
20.	Current portion of Long-Term Debt (Short Term: Less than 12 months)	_____
21.	Other Current Liabilities	_____
22.	TOTAL CURRENT LIABILITIES	_____
23.	Mortgage, Bonds, Notes Payable (Long Term: More than 12 months)	_____
24.	Other Long-Term Liabilities	_____
25.	TOTAL LONG TERM LIABILITIES	_____
26.	TOTAL LIABILITIES (Total Items 22 and 25)	_____



**NET WORTH**

27.	Capital		_____
28.	Retained Earnings:		
	(a) Beginning Balance (January 1, 2007)	_____	
	(b) Add: Net Income	_____	
	(c) Deduct: Deduction or Distributions	(_____)	
	(d) Ending Balance (December 31, 2007)		_____
29.	TOTAL NET WORTH (Total Items 27 through 28d)		_____
30.	TOTAL NET WORTH & LIABILITIES		
	(Total Items 26 and 29)		=====

## **AFFIDAVIT**

**STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

I, \_\_\_\_\_, the undersigned being the \_\_\_\_\_

of the \_\_\_\_\_, licensee swear (or affirm), that to the best of my knowledge and belief the statements contained in this report, including the accompanying schedules and statements (if any) are true and that the same is a true and complete statement in accordance with the law.

\_\_\_\_\_  
Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My commission expires

**NOTARY SEAL**

## **UNIFORM STATE REPORT/ANNUAL REPORT**

### **INTRODUCTION**

The purpose of the uniform state report is to provide a detailed summary of information for all operations conducted by the legal entity required to file in accordance with Tennessee Code Annotated 45-18-109 of the Check Cashing Act, or imposed by the regulating authority administering the Act.

The reporting entity must follow all instructions explicitly. If a company or affiliate operates more than one licensed office, the report must be filed on a composite basis. When preparing the report, do not underline or change captions. Report all amounts in even dollars. Where insufficient space is provided to set forth the facts adequately, annex a schedule giving the details.

The following schedule letters, captions and item numbers correspond with those shown in the report.

### **REPORTING ENTITY**

#### **SCHEDULE A**

##### **Statement of Income and Expenses**

The purpose of this schedule is to show all income derived or produced by the reporting entity during the period covered by the report.

- (1) Check Cashing Fees Collected and/or Earned - This account must report all check cashing fees.
- (2) Other Business Income - This account must itemize all other revenue earned or collected by the reporting entity not derived from check cashing.
- (3) Total Income - The sum of Items 1 and 2 under Combined Column.
- (4) Advertisement - This account must show the amount expenses by the reporting entity during the year for promoting or retaining the business of the reporting entity. Show only the amount for purchases of advertising supplies or outside services.
- (5) Audit/Examination - This account must show the amount expenses by the reporting entity during the year for auditing and/or examination.
- (6) Bad Debts - This account must show the reporting entity's bad debt expenses on accrual method, where default has not occurred, but a forecast based on management use of historical data.
- (7) Charged-Offs - This account must show expenses reported when default occurred.
- (8) Depreciation and Amortization - This account must show the amount of all depreciation and amortization expenses occurred during the year for fixed assets and other depreciable and

amortizable assets.

- (9) Insurance & Fidelity Bonds - This account must show the amount expenses by the reporting entity during the year for all insurance and bonding.
- (10) Legal Fees & Disbursements - This account must show the amount expenses by the reporting entity during the year for legal fees and disbursements related to the activities of outside counsel.
- (11) Office Supplies
- (12) Rent, Maintenance Services and Utilities - This account must show the total amount paid by the reporting entity during the year for the rental of buildings, maintenance services and utilities.
- (13) Total Compensations of Officers and/or Owners- This item must include all salaries, bonuses, pensions paid during the year.
- (14) Salaries or wages of all Employees - This item must include all salaries, bonuses, wages, pensions paid during the year.
- (15) Tax Other Than on Income – All tax excluding State & Federal Income Tax.
- (16) License Fees - This account must show the amount expenses by the licensee during the year for amount paid to city, county, state and federal governments.
- (17) Telephone / Fax / Internet
- (18) Travel & Meals - This account must show the amount expenses by the licensee during the year for business travel and meals.
- (19) Miscellaneous - This account must list all other expenses incurred by the reporting entity not otherwise shown.
- (20) Interest Paid on Borrowed Funds - Represents total interest expense on all debt obligations during the year.
- (21) Total Expenses - Sum of Items 4 through 20.
- (22) Income Before Tax - Item 3 less Item 21.
- (23) Tax - This item must show the amount of state and federal income taxes paid or accrued for the year.
- (24) Total Expenses including Tax - Item 21 plus Item 23.
- (25) Net Income - Item 3 less Item 24.

## **SCHEDULE B**

### **Balance Sheet**

The purpose of this schedule is to show the financial position of the reporting entity for the period covered by this report.

- (1) Cash and Cash Equivalents - This account must include all cash and any instruments that converted into cash within 90 days.
- (2) Securities - This account must report the amount of investments in securities, such as stocks, bonds and other securities.
- (3) Accounts Receivable - This account must reflect the balance due from customers.
- (4) Note Receivable – Any loan licensed entity loan out not in ordinary course of business.
- (5) Cash Surrender Value Life Insurance on Officers, Owners - This account must report the cash surrender value of life insurance policies carried by the reporting entity.
- (6) Prepaid Expenses - This account must show the expenses paid in advance.
- (7) Total Current Assets - The sum of Item 1 through Item 6.
- (8) Furniture, Fixtures & Equipment - This account must report the cost of tangible assets, such as furniture, computers, office equipment, signs and other fixtures owned by the company.
- (9) Buildings - This account must show the cost of the building(s) owned by the reporting entity.
- (10) Land - This account must show the cost of the land owned by the reporting entity.
- (11) Leasehold Improvement - This account must show the cost of improvements to leased property, such as buildings, walkways, landscaping, etc.
- (12) Total Fixed Assets - The sum of Items 8 through Items 11.
- (13) Other Assets - This account must show the value of other assets owned by the reporting entity.
- (14) Investment in Other Business - Equities in other businesses not included in the above reporting.
- (15) Total Assets – The sum of items 7, 12, 13, and 14.

- (16) Accounts Payable - This account must report current liabilities to creditors
- (17) Payroll Payable - This account must report the amount of wages, salaries or other compensation due to employee(s) of the reporting entity.
- (18) Rent Payable - This account must report the rent or lease payments due in the current period
- (19) Tax Payable - This account must report the amount of all federal, state and city/county taxes due in the current period.
- (20) Current portion of Long-Term Debt - This account must report the current debt payable within 12 months.
- (21) Other Current Liabilities – Other current liabilities not listed above.
- (22) Total Current Liabilities - Sum of item 16 through Item 21.
- (23) Mortgage, Bonds, Notes Payable - This account must report the amount of Long-term obligations.
- (24) Other Long-Term Liabilities - Other long-term liabilities not listed above.
- (25) Total Long-Term Liabilities - The sum of Items 23 and 24.
- (26) Total Liabilities - The sum of Item 22 and Item 25.
- (27) Capital - This account must report the amount of capital of the proprietorship, partnership, and corporation.
- (28) Retained Earnings:
  - (a) Beginning Balance - This account must show the reporting entity's accumulated earnings as of January 1, 2007.
  - (b) Net Income - This account must show the amount listed on Schedule A, Number 25 Combined Column
  - (c) Deduction or Distributions - This account must report the amount of distributions to the proprietor, partners, LLC members, stockholders, etc.
  - (d) Ending Balance - The sum of items (a) and (b) less (c)
- (29) Total Net Worth – Sum of Items 27 and 28(d)
- (30) Total Liabilities and Net Worth - The sum of Item 26 and 29.

## **AFFIDAVIT**

The affidavit must be executed, if a corporation, by a duly authorized officer of such corporation, or by a partner, if a partnership, or by the owner, or by an individual. In the case of illness or inability of such person to sign the affidavit, it may be executed in such case by a legal representative or agent. The affidavit should be made before a Notary Public or other person authorized to administer oaths.